

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

PROFESSIONAL SOIL SCIENTIST SECTION

ELIGIBILITY APPLICATION FOR THE FUNDAMENTALS AND PRINCIPLES & PRACTICE EXAMINATIONS

PLEASE TYPE OR PRINT IN INK

Last Name: _____ First Name: _____ MI: _____

Former Name(s) - (If Applicable): _____

Street Address: _____

(A Post Office Box is NOT Acceptable)

City: _____ State: _____ Zip: _____

Phone (days): (____) _____ Date of Birth: _____

Ethnic and gender status information is optional, and is for research and reporting to the Equal Employment Opportunity Commission.

Race: _____ (1) White, not of Hispanic origin
_____ (2) Black, not of Hispanic origin
_____ (3) Hispanic
_____ (4) American Indian or Alaskan
_____ (5) Asian or Pacific Islander
_____ (6) Other

Sex: _____ M _____ F

QUALIFICATIONS: PLACE an "X" in ONE space indicating how you qualify.

_____ Bachelor's Degree only (or second semester senior)
_____ Bachelor's Degree and 4 years experience with at least one year supervised experience
_____ Bachelor's Degree and 6 years experience with at least one year under peer review system

EDUCATION: (Official transcripts required)

Colleges <u>Attended</u>	Degree <u>Received</u>	Date of <u>Graduation</u>	<u>Major</u>
_____	_____	_____	_____
_____	_____	_____	_____

For Receipting Use Only

APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to application.

Indicate Exam(s) Applying For:

New Candidate:

_____ Fundamentals Only (\$179)
_____ Principles and Practice Only (\$179)
_____ Both Fundamentals and Principles & Practice (\$290)

Retake Candidate:

_____ Fundamentals Only (\$126)
_____ Principles and Practice Only (\$126)
_____ Both Fundamentals and Principles & Practice (\$237)

#2448 (Rev. 11/05)

Ch. 470, Stats.

Wisconsin Department of Regulation & Licensing

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	<input type="checkbox"/>	<input type="checkbox"/>

AFFIDAVIT OF APPLICANT

I understand that eligibility for examination does not imply eligibility for licensure and that upon successful completion of the examination, additional information will be requested by the Examining Board of Professional Geologists, Hydrologists and Soil Scientists to satisfy requirements outline in Chapter 470, Wisconsin Statutes, and Chapter GHSS 4, Wisconsin Administrative Code.

Under the penalties of perjury, I declare the information contained in this application is true to the best of my knowledge and belief.

Signature of Applicant

Date

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996